



Letter to the Editor

Tobacco toxicity ignored as a cause of death. Why?

Under the UK Births and Deaths Registration Act 1953, the Medical Certificates of the cause of death stratify those causes into (a) the disease or condition directly leading to death followed by other disease or conditions, if any, leading to that main cause. There is also a space to list other significant conditions contributing to the death but not related to the disease or condition. In 2010 in England, almost 20% of deaths of people over the age of 35 years were due to smoking.¹ The leading two causes of death in males are ischaemic heart disease and malignancies of the trachea, bronchus and lung and in females, ischaemic heart disease leads the way and airways cancers are fifth.² A poison is defined as "a substance that when introduced into or absorbed by a living organism causes death or injury."³ Cigarette smoke contains 43 known carcinogens and about 400 other toxins including nicotine, tar and carbon monoxide. Therefore tobacco smoke is poisonous. Yet the UK's Office for National Statistics excludes alcohol and tobacco from the table of deaths related to drug misuse citing International Classification of Diseases, Tenth Revision codes as the rationale.⁴ The far fewer cases of lethal poisonings from opiates, amphetamines, antidepressants, benzodiazepines and others are listed. In 1992, the UK regulations were changed to allow any doctor issuing a death certificate to include tobacco smoking among the causes of death. There was a large increase in citing smoking on death certificates after the change but by 1997, smoking was again ignored. In 1998, Robinson et al reminded doctors that smoking should be mentioned as a cause of death on death certificates.⁵

Cotinine is a biological marker of nicotine exposure. Blood levels of cotinine distinguish active from passive smokers.⁶ In the Royal College of Pathologists (RCPATH) Guidelines on Autopsy Practice, cotinine is not listed as a compound in Scenario 1 on death with likely cardiac pathology. The RCPATH should amend their guidelines to include tobacco smoke toxicity in all relevant scenarios.

Meanwhile smoking should be given the prominence it has universally earned on death certificates worldwide.

Funding

None.

Conflict of interest

None declared.

References

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6. Benowitz NL. Cotinine as a biomarker of environmental tobacco smoke exposure. *Epidemiologic Rev* 1996;**18**:188–204.

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18 August 2011

Available online 11 January 2012